	~	1.	FOR STATE	DEPARTME	STATE OF A	MARYLAND I AND MENTAL HYGI	ENE Q 2	2	6 9	
1	( BA		REGISTRAR	MEDICAL EX	AMINER'S	CERTIFICATE OF DI	PATH REG. NO		9 /	
1			CEASED NAME FIRST CARRI		BA	YLISS	OF ESTI-	9/8	/ 19 <b>79</b>	26. HOUR
-	Director Due Fill Due Stiel	3. SE	emale cau.		AGE (IN YEARS IF UP AST BIRTHDAY) MONT	DER 1 YR. IF UNDER 24 HR		ept.	8, 19°	2d. HOUR
	MITTER AL	7a. B	RTHPLACE (STATEOR REIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	2 1	IED X NEVER MARRIED C	9. BALTIMORE CITY OF	_	OF DEATH	ÂM
	S S S S S S S S S S S S S S S S S S S	10. C	TY OR TOWN OF DEATH Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ORCHESSYER	ADDRESS)	ER INSTITUTION 120. U	JSUAL OCCUPATION (TYPE OR MOST OF WORKING LIFE)	OF WORK 12	b. KIND OF BU OR INDUSTR	
1201	See Parago	#13a. S	TATE 13b. COUNT Md. Porch	TY THER INSTITUTION, GIVE RESIDENCE BEFORE  TY 13, CITY OR CAMD.	re admission) TOWN ridge	13d INSIDE CITY LIMITS?   13d S	7 Race St.		4	
E. MD. 2	16658	14. F	THER'S NAME Harry	MIDDLE Cond	on	15. MOTHER'S MAIDEN NA	ME MIDDLE	Ma	rshall	
LTIMOR	TH FORM	16a. V	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE V		SECURITY NO. 26-5155	George Con	her ADDRESS don, Rt.#3,	Camb	21613 ridge,	Md.
PRESTON ST., BJ	AMINE!! MIEM IB AMINE!! AIDE TRANSIT PERMIT PENTAL ENTAL HOSENE DI REMO AL	7	PART I DEATH WAS CAUSED  MMEDIAT  Conditions, if ony, which gave rise to immediate	y one cause per line for (o), (b), on D BY: E CAUSE (a) Suffice: DUE TO, OR AS A CONSEC (b)	ation				APPROXIMATE BETWEEN ONSET	AND DEATH
CORDS, 301 W.	NG" IN POINT	NO	couse (o) stating the <u>under-lying couse lost.</u> PART 2 DTHER SIGNIFICANT CONDITIONS C	(c) DUE TO, OR AS A CONSECUTION OF THE CONSECUTION		E OR CONDITION GIVEN IN PART Y (o).				
VITAL RECORDS,	CHIEF ME E USED AS OF HEALI	CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION W	AS PERFORMED?			20. AUTOPSY?	NO []
9	NG THE WO		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DA DEATH 7AMM. 9/8/	Y YEAR	ow INJURY OCCURRED (ENT		ART 1 OR PART 2	2)	
NOISIVIG	TE WITING TENTING TO SEWARDED TO SEWARDED TO SE STATE DEPARE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (A	THOME, 211. LO	CATION	City OR TOWN  Cam bridge	соим		STATE
	CERTIFICATE, JUD BE FORV DIRECTOR: P WITH THE ST ARYLAND 23	1		e of the remains described above, l		sy 🛣 , Inspection 🗔	Inquiry , and determined manner .	d in my apini		
	m O = + >/		ACTUAL SIGNATURE	mmal		TITLE (SPECIFY) D. Deputy M	EDICAL EXAMINER	DATE SIGNED.	9/10/	79
O MEN	ACCUTE THAT ACC	-	(TYPE OR PRINT)	n Mace Jr. M.		ADDRESS	ldge,Md.			
	BP			ept.11,1979			Cambridge	13	1 10	
()	DHMH - 17 /R A15 ME (5))	24. F	Curran Fune	ral Home, 308	High S	t. SEF	BY REGISTRAR (756. REGIS	Chilaria	North Company	7



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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	-	2	(1)	01	4
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	D MEDICAL EXAMINES: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS HICESSARY	LEGITE THE CHEMICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3-1-O THEFFINER MEN	GE # SHIGLID HE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR	PUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 H	THE STATE OF

		1-	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH		ENTAL		-		2 2	6	9	2
1	(M	1. DE	CEASED NAME E OR PRINT)	FIRST	STER	MIDDLE		LAST LISS			20. DATE OF	KNOWN ESTI- MATED	MONT	H DAY	79	26. HOUR
1	N STREET	3. SEX		RACE *	5. DATE OF BIRTH	1916 63	EARS IF UN		IF UNDER	R 24 HRS.	2c. DATE PRONOUI DEAD	NCED	Sept	H DAY	YEAR 19 79	7:4. HOUR
Ó	SE SE SO	7a. Bl	REHPLACE (STATE	and	U.S.A.	HAT COUNTRY?	1.	IED X NE	VER MARR	CED	Do	rche	y <u>or</u> cou			AN MD.
	PAGE PAGE SE FILED	C	ambrid	ge	DURCHE!	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	14	COSE		FOR A	MOST OF WO	DECIMAL CARES	(TYPE OF WOR	0	IND OF BU OR INDUSTR ellf	RY.
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RE, MD.	RM PM 3 RM PM 3 AND 2 OF VITAL		Bernar		MIDDLE	Baylis	SS	15. MOTHE	va	EN NAME	. ^	AIDDLE		itc	hett	
ALTIMO	URS AFTER 8. GIVE PA WITH FOR DIVISION	(Y	VAS DECEASED E ES, NO, OR UNKNOWN NO	(IF YES, GIVE \	VAR OR DATES)	166. SOCIAL SECURI 220-10-6	5825	Mrs.		a M.	McN	augh				
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DIVISION OF VITAL RECORDS, 301 W. PRESTON	CUTED WITHIN IN PENCIL IN EXAMINER VIRIAL-TRANSIT DI MENTAL HY		gave rise	if any, which to immediate ating the <u>under-</u> last.	(b) DUE TO, OR (c)	as a consequence	OF									
CORDS,	BE EXE NDING" MEDICAL AS A BU ALTH AN MATION	NO			ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN PA	ART 1 (a).			11/8			
/ITAL RE	ATE SHOULD WORD "PE THE CHIEF ID BE USED RENT OF HE, BURIAL, CRE	CERTIFICATION	190. DATE OF O			ION FOR WHICH OPE							19		AUTOPSY?	NO []
ION OF	STIFICATE NG THE WO TO THE SHOULD BEPARTMEN	MEDICAL CE	210 EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF D	21b. TIME OF HOUR A.M.	9/8/79 19	RC	ow injury aught						PART 2)		
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	AMINER: HE FOR HECTOR: P WIAND 23		220   certify death resulted			Accident , S	Autap vicide		Inspectio		Inquiry ermined m		and in my	apinion		
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	BP	24. Ft	Dur	)#		1979 Spec cambrid 308 Hig	lden-	-Sewa	rd C	REC'D. BY	REGISTRA	bric	ige, I	OT C	hest	er,
	(VR A15 ME (5)) 15M 7/77	C	urran	Funera	1 Home,	308 Hig	h St	•		SEP	171	3/19	prog	7	MOCH	7

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ATTENDING PHYSICIAN: The low requires that the ottending physicion

retained by the hospital or

BP.

TO HOSPITAL

1	1 - STATE REGIS
IMI	1. DECEASED (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF BEATH

4 2 2 6

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.			,
	1. DEC	CEASED NAME FIRST	MI	IDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOL	
	(1102	MAGDAL	ENE	R.	BE	LL		91	779	112	65 AM
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		R 24 HRS
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		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		. 10
5	Ma	ryland	US		WIDOWE		Dorches	ter Co	0.		MD.
3	200	TY OR TOWN OF DEATH  ANY Cambridge	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS)	spital	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMA)	OF WORKING LIFE)	12b. KIND C INDUSTRY		ESS OR
5	130 S		TY	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Cambrid	1	YES 🔼 NO 🗌	13e. STREET ADDRESS 412 Ro.	bbins	Stre	et	
1	14. FA	THER'S NAME August	MIDDLE C.	Rasche		15 MOTHER'S MAIDEN NAME FIRST	MIDDLE	S	pilke	st <b>r</b>	
	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDR	ESS			
	( )	res, no or unknown) (IF yes, give	. WAR OR DATES)	21-32-6	5124	Mr. J. Howa	ard Bell	Item #	# 13		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY: E CAUSE (o)	EWERALI	1ED	METASTATIC	ADENOCIA	ecinomi		WTH J	
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		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUE	VCE OF						
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7	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		TH?
7	CERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c HOW INJURY OCCURR				140 [	
	CAL	OR CONTRIBUTING CAUSE OF DEA	P.M		Y YEAR						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	57	TATE
		220.1 certify that this hospi sow the deceased alive on above, The did did no	9-1	6 10 7	edit	od that in (my) our) opinion o	,	1 /		that(I)(	
		22h. SIGNATURE	Might		$\mathcal{D}_{i}$	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED	19
		VAMES F.	PPINT) 75-CURTE	n, mo.			RIOGE, IN	TRECT	21613		
	23a. Bi	URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	(	COUNTY	51	ATE
		Burial	9-19=	=79 I	or.	Mem. Park	Cambr	idge		Md.	
	24 FU	INERAL DIRECTOR		ADDRESS Ca	mbr:	idge. 250 DATE	FB 3 AF 947C	25b. REG 57 R	ar a signal	TURELL	roles
	Th	omas Buneral	Home I	30x 348	Mar	vland	TI WA SALE		1		1

Thomas Buneral Home Box 348 Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, is should be detached for use as the burial-stonish permit. Then please remove corbon-popers. Pages I and 2 should be filed within 72 hours of the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be patified at once.

DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

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	1-	FOR STATE			DEPARTA		HEALTH AND MENTAL HYG	GIENE	9 2	2 6	) A	4
		REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.			
		CE ASED NAME	FIRST		WIDDLE		LAST	20. DATE	OF DEATH MONTH	DAY, Y	YEAR 2b.	HOUR
-	TYPE	OR PRINT)	1:11:	2.00 1	Pa imal	1	hasp		q	11 1	979 1	13
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D/ 1	_	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION		LOCCUPATION		KIND OF BU	USINESS
200	an.	mhnidaa		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS]	T Wanthat		ORK FOR MOST OF WORKI		JSTRY	
20		mbridge			ster Ger		-	Car	penter			
200	13a. S	L RESIDENCE (IF NUR	13b COUP		N, GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	113e STREE	T ADDRESS			
(T)	57	Md.	D	or.	Camb.		YES NO	721	Washing	ton S	t.	
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50/1	Wi	lliam	Rob	ert	Chasse		Sarah		MIDDLE	Phil	Ting	
344		AS DECEASED EVER			16b SOCIAL SECU	DITYNIA	17 INFORMANT (NOD	houl	ADDRESS		• • II	
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en t		PART I. DEATH W	/AS CAUSE	D BY:	PARCIA	P	west					
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the		underlying cause		DUE TO. C	JR AS A CONSEQUE	INCE OF						
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ury,	z	116			11.01 1	DEATH BU	NOT RELATED TO THE TERM	MINAL DISEA	ISE OR CONDITION	GIVEN IN P	ARI 1(0)	
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8 24	SER	210 ACCIDENT WAS UN	DERLYING [	216. TIME (	OF IN URY	0	20 HOW INJURY OCCUR	RED (ENTER I	NATURE OF INJURY IN ITE	4 18, PART 1 OR P	ART 2)	
= 9		OR CONTRIBUTING										
= /	EDICAL	(IF EITHER, NOTIFY MEDIC			P.M.	19	AN LOCATION	14-2-1				
ō	MED	21d. INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUN	ITY	STATE
- Xe	<	AT WORK NOT W	ORK D									
ě		220.1 certify that (1)	this hosp	tol) attended t	he deceased from	11-	2 1979	to	9-11-	19 7	1 that	(1) (we)
2.		A PRODUCT OF THE PROPERTY OF THE PARTY OF TH	ed alive on	(d . /	19 -	26.0	nd that in (my) (our) opinion	death accur	red on the date on	hour and fre	m the cou	ses states
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5	23a. B	URIAL, CREMATION,				AME OF	CEMETERY OR CREMATORY	23d. LO	CATION	acourar	100	STATE
	(5	Buri	al	9-17	-97 Wa	ugh	Meth. Cem.	Ca	mbridge	Do	70	Md.

250. DEER O BY REGISTRAR 256. REGISTRAY S SIGNATURA

14 FUNERAL DIRECTOR
L. N. Boardley 603 Washington St. Camb. Md

DHMH - 16 50M 7/77 (VR A 15 (4))

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death stage 4 may be estimated by the hospital or attending physician.
30 FUNERAL DIRECTOR: After this sentilicate has been signed by the ottending physician and completely filled in by the funeral director, pages should be detached for use as the build thousit permit. Then please remove contain pages. Find 2 should be filled within 72 hours after containing the same throughout on Memin Hydrane prior to buriof, cremation, or removed.
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FOR STATE REGISTRAR

## DE

STATE OF MARYLAND						
PARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH	9	2	2	6	9	17
CERTIFICATE OF DEATH	REG.	NO.			115	1/1/2

		OR PRINTI	FIRST		WIDDLE		ASI		20. DATE OF DEATH	MONIH	DAT TEAR	26. HOUR	
	(1112	(5)	ERTRU	OE	MAY	1)	AVIS	N. T. L.	/	9 1	8 79	10 Am	
	3. SEX			RACE		5 DATE C			6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
		E	44.4	h	1	MONTH	DAY	1984	9.5	YRS	MONTHS DAYS	HOURS MIN.	
ŀ	7a. BIF	RTHPLACE (STATE OR FO	REIGN 7b	CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY	1110	7		
K		nd, hs	4	INS		MARRIE		AARRIED VORCED	nongi	FSTE	1	445	
£		TY OR TOWN OF DEA	TH 11.	NAME OF	HOSPITAL, NURSIN			)	12a USUAL OCCUPA	1 1 1	126. KIND C	MD. OF BUSINESS OR	
3		ambridge		EAST	0 1 11-0	P CEI	WIER		Homemak	OF WORKING LI	E) INDUSTRY		
	USUA .13a S	AL RESIDENCE (# NURS	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS				
6		Md.	Dor		Cambrid	lae.	YES 3	NO 🗌	13e. STREET ADDRESS	Radi	ance D	rive	
	14. FA	THER'S NAME	MIDD	DIF	LAST			MAIDEN NAM	NE MIDDLE		LAS	ST.	
1		Thomas			Davis	3		Mary	Rebece	ca		chell	
	16a. W	VAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDI				
	(,	NO	(IF 163, OIVE WA	K OK DATES	220-44-	8733	Miss	Mahla	Wright (	Cambr	idaa M	a	
		18 CAUSE OF DEATH	H :Enter only o	ne couse per	line for (a), (b), one						- APPROX	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH W	AS CAUSED B	Y:	Acut		YOCARD	1xL 11	NEAMLITO	W	.3 ,	ionen.	
		11,	IMMEDIATE C				10 () (0 - )	1	- 1111.0-11	1 11 7		TO STREET	
		710-	bish (	DUE TO, O	R AS A CONSEQUE	VP					1101	~	
		Conditions, if any, gove rise to imm	nediote	(b)	1,50						1900		
		underlying couse		DUE TO, O	RASIA CONSEQUE		10	40			nia	ms.	
		PARTA OTHER SIGN	UE CANT COL	(5)				TO THE TERM	NAL DISEASE OR COI	NDITION OF	1		
	Z	PART 2. OTHER SIGN	VIFICANT CON	ADITIONS C	ONTRIBUTING TO L	DEATH BUT	NOI KELATED	TO THE TERMI	NAL DISEASE OR COI	NDITION GIV	VEN IN PART 1	O)	
-	CERTIFICATION	19a. DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED	
	FFC	-	-						YES TO NOT		FYING CAUSES	OF DEATH?	
_	ERT	21g. ACCIDENT WAS UND	PERLYING	21b. TIME C	OF INJURY		21c. HOW IN	JURY OCCURRE	ED JENTER NATURE OF INJ				
		OR CONTRIBUTING			M. MONTH DA								
	MEDICAL	(IF EITHER, NOTIFY MEDIC)			M. OF INJURY	19	21f. LOCATIO	ON			-		
	WE	WHILE   NOT WE	HILE [	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY	STATE	
		AT WORK AT WO			a 1.6	9	1/18	74	9,	112	10 ) G	11 10 1 11 1	
	UT.	22a.l certify that (1) saw the decease		offended if		70	nd that in (my)	(our) appoint d	leath occurred on the	date and hou	- /	that (())(we) last	
	1	obove, (I) well (	id (did not) vi	iew the body	offer deoth.	/		(cor) opinion a	·	dare ond not	The DATE		
ģ		226. SIGNATURE	,	10		Ä.	DEGREE	ATTENDING	MEDICAL ST.	AFF	a a	110/12	
		Mou		120	un	IM		PHYSICIAN [	DIRECTOR PHYS		1/	11/19	
P		22d PHYSICIAN'S NA					22e. ADDRES	12/15/	SIt Itos	P CB	WITER	/	
		GEONGE ,	4 1312 C	n m	9			CAMI	3/1/06/2	no	2413		
	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		23d. LOCATION CITY OR TOWN	31 7	COUNTY	SYATE	
		Burial		Sept	.21,197	9 Ox:	ford C	emeter	-		11	( 0	
	24. FL	JNERAL DIRECTOR		- 1 TT-	APPRESS To	d -	6 M O	25a. DATE	REC'D BY REGISTRA	R1956. REGIS	BARS SIGNAT	URECREAMY	
		Thomas	WILLOW				Book All I						

C S. S. H. Will Valley Date the British decines enterior publication of the contract of the co and the second country of the second country

	1.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENEY STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
	(TYPE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR OF PRINT)  WILLIE L. Delaha 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR M
(M)	3. SE	Female 1-Care 64 14 92 87 YRS MONTHS DAYS HOURS MIN
death.	С	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH OUNTRY) MARRIED   NEVER MARRIED   DIVORCED   DOTCHE SEEF MD.
by the fur filed within	Can	mbridge 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 126. KIND OF BUSINESS OR INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORKING LIFE 1 INDUSTRY 179E OF WORK FOR MOST OF WORK FOR MOS
ithin 24 hou tely filled in 2 should be the must be	13a :	AL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE    136 COUNTY
expandle w		ATHER'S NAME HOODER MIDDICOlumbus LAST Smith SMOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE TWILLIAM TWILLIAM
be execu		vas deceased ever in u.s. armed forces? 166 social security no. 17 informant Cambridge, Md. 2161/3 ves. no or unknown) (if yes, give war or dates) 214-07-7132 Joseph McKnett, 312 Talbott Ave.
he death certificate he attending physici emove corbon paper mation, ar remaval. r fraumatic event, th		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  C. H. Failure  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:  C. H. Failure  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  C. H. Failure  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH
equires that to signed by the property of the property, and property, and property, and the property, and the property of the	CERTIFICATION	Due to, or as a consequence of    Due to, or as a consequence of
HYSICIAN: ading phys ais certifica burial:trail Aental Hy or frem 18	MEDICAL CERT	216, ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   216, TIME OF INJURY   AMONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)   P. M. 19   216   PLACE OF INJURY   216   PLACE OF INJURY   217   LOCATION   STREET   CITY OR TOWN   COUNTY   STATE
HOSPITAL OR ATTENDIN sined by the haspital ar of FUNERAL DIRECTOR: Aft and be defacthed for use as th the State Dept of Health PORTANT: if hem 21 is man		WHIE   NOT WHIE   NOT WHIE   AT WORK     AT WORK     AT WORK     AT WORK
DHMH-16 60M 1/75 (VR A 15 (4))	(	Durial, CREMATION, REMOVAL 236. DATE 336. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN Pk. Cambridge Durial Sept. 14, 1979 Dorchester Mem. Pk. Cambridge Durial UNERAL DIRECTOR LATER Home, 308 High St.,

To a series of the second series of the second second series of the second seco

attending physicion and completely filled in by the nove corbon papers. Pages 1 and 2 should be filled will

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remove corbon-pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

22697

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST (TYPE OR PRINT) Carl	Emmett	Dunnock	Sept. 2	1979 2b HOUR 5:30 A
3. SEX male	4 RACE white	5 DATE OF BIRTH MONTH 12 1900	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Madison Md.	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Hordhad	
10 CITY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NUR OF CHESTER G	SING HOME OR OTHER INSTITUTION (FET ADDRESS) Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK GROCET—SE	industry employed
USUAL RESIDENCE (IF NURSING HOME 130 STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BE UNTY 130 CITY OR TO	Tidge   13d Inside City Limits?	13e STREET ADDRESS Chopt	tank Ave.
William	John Dunno	-	Jane	Trego
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	IVE WAR OR DATES)		ock 307 Chopt	tank Ave Camb M
	DUE TO, OR AS A CONSEC	QUENCE OF	Polycopolitical RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
PO DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
WHILE WHILE AT WORK AT		DAY YEAR 19 21 LOCATION	URRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)  COUNTY STATE
77% SIGNATUR	Clebo 15	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	d hour and from the causes stated  22c, DAT SIGNED  479
22d. PHYSICIAN'S NAME (TYP	WILLE	22e ADDRESS	expland A	E-21613
230 BURIAL, CREMATION, REMOV	23b. DATE 23 9/5/79	Dor. Mem. Pk.	Y, 13d LOCATION CITY OR TOWN Cambridge	COUNTY STATE

DHMH - 16 60M 1/75

24 FUNERAL DIRECTOR
Thomas Funeral Home (VR A 15 (4))

P.Q.Box 348 Cambridge Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

tintry Mc Credy

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the haspital ar attending physician

The second secon The state of the s the eventual transfer of the second second second

6	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH	YGIENE
.(4)		ECEASED NAME FIRST PE OR PRINT)  Mauric	MIDDLE	DVOTT	2a. DA
Page 4 may	3. Si		1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 05 88	6. AGE
deoth. Page funeral direct than 72 haurs	5 %	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BAL
ifter d wit	10	Cambridge	Cambridge Ho	use nureus Cent	TYPE C
AND 212 AND 212 in 24 hourst hould be in houst be	35 130.	STATE Md 136. COL	or other institution, give sestioence befor inty 13c. City or tow albot St. Mile	VN 13d. INSIDECITY LIMITS	
E, MARYLA completely (completely should a should be shou	OC.	James	MIDDLE Dyatt		ary E
ALTIMORE, MA te be executed ricion and camp ricion and camp in.	1 - 1 -	WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? 166 & CIAL SECTIVE WAR OR DATES) 2/2-/2-/	US3A Ruth D. D.	effin
W. PRESTON ST., B. at the death certifico by the attending physic eremotion, ar remove cremation, ar remove the strangent of		Canditions, if any, which gave rise ta immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	IENCE OF GENERALIZED A	ı
RECORDS, 201 I RECORDS, 201 In requires the constant the permit. Then plean in print to buriol. was ony injury, or or was no may injury, or or on the plean was ony injury, or	NOIL	PART 2. OTHER SIGNIFICANT  D. Medic  190 DATE OF OPERATION	tus, Olganii	Shave Cyndro	ERMINAL D
ON OF VITAL RECOFTYSICIAN: The low reding physicion. Is certificate has been build-transit permit, build-trans	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	YES
DIVISION OF VITALI NG PHYSICIAN: The ottending physician then this certificate ha os the buriol-tronatip in and Mental Hygien orked or them 18 show	MEDICAL C	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	EATH HOUR A.M. MONTH D	PAY YEAR 19 211 LOCATION	(1)
DIVISION  DIVISION  NDING PHYS  R. After this vise as the buy use as the buy are also the buy may early not a morked or is marked or	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	
		saw the deceased alive a abave, (1) (we) (did) (did)	pital) attended the deceosed fram an an analysis of the body ofter death.	79_, and that in (my) (our) apin	ion deoth a
PITAL OR ATTER by the haspital ERAL DIRECTO State Dept of it		22b. SIGNATURE	Samuan	DEGREE  ATTENDING PHYSICIAN	G MED
HOSPII ined b FUNEF suld be h the Si		22d. PHYSICIAN'S NAME (TYPE	orprint) Taumau	220. ADDRESS  Cambri	dge,
Or	230	BUDIAL CREMATION PENOVA	1 1225 DATE 1236	NAME OF CEMETERY OF CREMATO	23 d

13e. STREET ADDRESS 203 Morengo NAME MIDDLE ADDRESS APPROXIMATE ATTERVAL BETWEEN ONSET AND DEATH FRMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 82m 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO [ YES 🗌 NO CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE . , 19\_\_\_\_\_, that (1) (we) last nion death accurred an the date and haur and from the causes stated 9/22/79 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Danman 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Cambridge, Maryland Тантан 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL St. Michaels Talbot Md. Olivet Cemetery Burial 26,197 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

CTATE OF MARYIAND

REG. NO 20 DATE OF DEATH MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH Dorchester

Waterman

6. AGE (IN YEARS LAST BIRTHDAY)

2b. HOUR

HOURS

126. KIND OF BUSINESS OR Seaf food

MONTHS DAYS

BP DHMH-16 50M 7/77 (VR A 15 (4))

C S CONTRACTOR OF THE STATE OF A CARLON AND ASSESSMENT OF THE PARTY OF THE Son marganettas . I was a series of the One View , Let 104 PO Suprage Canada and Annie Constant State at Aller Talent Constant

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201		0
IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after leath Page 4 monestained by the haspital as attending physician.	Man y ado	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral utrestin, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after another with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rectar, page 3 urs, other death:	

medical exami

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

1.	- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	10.			
1. DE	CEASED NAME OR PRINT)	FIRST	/	AIDDLE	ł	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	- 10
(1776		rry	Stewart	Flegel	250		September	24,	1979	30	5 M
3. SEX Male White					5. DATE OF BIRTH MONTH DAY YEAR July 13, 1905		6 AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	HOURS	4 HRS
C	IRTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY 9 Dorcheste	OR COUNT	TY OF DEATH		***
10 C	uperior, W ITY OR TOWN OF DE Cambridge	ATH	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET STET GENE	IG HOME C ADDRESS) ral H	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST I Teacher	ION	LIFE) 126. KIND C INDUSTRY High		
13a.	AL RESIDENCE (IF NUR STATE aryland	13b COU	ROTHER INSTITUTION, NTY hester	GIVE RESIDENCE BEFOR 13t. CITY OR TOW Hurlock		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS North Main		eet		
1	ATHÉR'S NAME FIRST William Al					15 MOTHER'S MAIDEN NA. FIRST Margaret B	ishop MIDDLE	rec No.	IAS		
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		RMED FORCES? E WAR OR DATES)	213-22-		Mrs. Margare					
CERTIFICATION	IN. DATE ON OPERA	mediate ng the last.	due to, of to	næle ku TION FOR WHICH	ENCE OF DEATH BUT	NOT RELATED TO THE TERM  DI 2005E  ON WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CERT	CY TES, WERE FINDING TIFYING CAUSES YES []	4GS USED	
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR WHILE AT WORK AT WORK	CAUSE OF DE CALEXAMINER RED	HOUR A.	M. MONTH DA M.	19	216. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF IN)		COUNTY	STAT	TE
	226. SIG	AME (TYPEC	or PRINT)	9123 19		nd that is (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  400 Maryland	MEDICAL STA	IFF CIAN []	22c. DATE	SIGNED	ed
23a (	Ann R. BURIAL, CREMATION SPECIFY) Buri	REMOVAL	23b. DATE			EMETERY OR CREMATORY Vashington Cen	23d. LOCATION CITY OR TOWN		COUNTY	STATE	E
24 F	UNERAL DIRECTOR	- CI I	Joept. 2				E REC'D. BY REGISTRAR				
F	ramptom-H	awkin	Funera				00101197	P	770		7

Framptom-Hawkins Funeral Home.

216 N. Main St

DHMH-16 60M 1/73

(VR A 15 (4))

Ch e

Mark 1

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nck, Dor

executed within 24 hours

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

TO HOSPITAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0	Zand End	
	CEASED NAME FIRST		MIDDLE	C	LAST			DAY YEAR	2b. HOUR
(TIPE	Henr	y	-	200	den		9 1	0 79	4:25 h
3. SE	male	4 RACE Negi	ro	S DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
7a B	IRTHPLACE STATE OR FOREIGN COUNTRY Carolina		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DED MY DIVORCED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	MD.
	ambridge	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, NOSTOR	ADDRESS)	eal Hosp.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON F WORKING LIF		F BUSINESS OR
13a. :	AL RESIDENCE (IF NURSING HOME C STATE 13b. COL		GIVE RESIDENCE BEFORE		138 INSIDE CITY LIMITS? YES 🛱 NO 🗌	130. STREET ADDRESS 605 Well	ls S	t.	
		nown	LAST		15. MOTHER'S MAIDEN NA/ FIRST	Unknown		LAS	ST .
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	218-16-	6407	Ruby Heste	r 515 Mub		t.Camb	MATE INTERVAL ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE HC NC	NCE OF	revious en		DITION GIV	VEN IN PART 10	0)
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	
	2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.	DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	IN IA	COUNTY	STATE
	22a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	1 Septe	nel-ello	) <del>5</del> . a	nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	, 10	77		
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	SABRO	150	220 ADDRESS HUTIOCO	L MZ	٠		
23a. (	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 9-15			EMETERY OR CREMATORY LAME Cem.	23d. LOCATION CITY OF TOWN Cambrid	ge	county Dor.	STATE Md •
24. F	UNERAL DIRECTOR BOArdle;	y 603 W	lash DDRESSt	. Cam	b., Md 25a. DAT	P 1 7 1979	25b. REGUST	RAR'S SIGNAT	Cready

BP DHMH - 16 50M 7/77

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

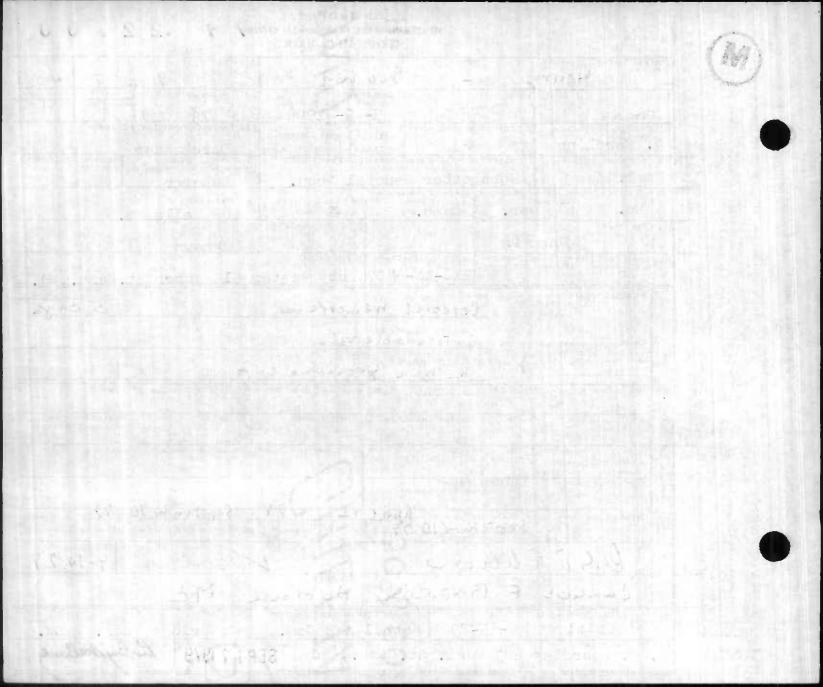
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be restited at ance.

injury, or other traumatic event, the medical exam

ot once.

(VR A 15 (4))

SEP 1 7 1979 SEP 1 7 1979



				STATE OF MARYLAND		
V	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		22701
/	1.05	CEASED NAME FIRST	WIDGLE	TAST	REG. N	MONTH DAY YEAR 76 HOUR
n 64		OR PRINT)	- 11	1101111000	20. DATE OF DEATH	40
ad of		ESTHER	< V.	HAYWAICI		9 1279 5-PM
ê TAA	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
4 30 41	þ	emale_	Black	MONTH DAY YEAR	10	MONTHS DAYS HOURS MIN
Poge Selection	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	3 10 10	0 7	PR COUNTY OF DEATH
i = - 0//		DUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	PACIFIC CITY	T OF DEATH
nero nazz		Mol.	U.S.	WIDOWED DIVORCED	Dorc	hester County MD.
with with	10 CI	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
s ofth	1	100/-1010/00	(IF NOT IN SUCH FACILITY, GIVE STREET	Jenoral Hoso	11 / /	ZY IPE
in b	USU	AL RESIDENCE LIE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	F ADMISSIONI)	HOUSE	2-0// /2
24 hg	13a. S	TATE 136 COUR	NTY 13c. CITY OR TOW	/N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
2 m 2		Md. Dox	chester ('amby	NO QE YES NO [	1915 M	aces Lane
ately 2 sk	14 FA	THER'S NAME	MIODIELAST	15 MOTHER'S MAIDEN NA	AME , MIGGLE,	
		Charles	Carrie	)- Mary	molock	Cornish
	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDR	
n and c			E WAR OR DATES)		1)	1 1 1
		No	202-18-	9391 Unda Was	HKINS - LO	(aughter)
al.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), on	d (cu)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy ppp mav		PART I. DEATH WAS CAUSE	TE CAUSE OF TOPING	arcinoina o	& nonc	UPOS / VENN(2)
ng bor		12 Ma IMMEDIA		ment y	10 411	
ath con nos	3	19/7	DUE TO, OR AS A CONSEQUE	ENCE OF	·	TOTAL VENEZA TOTAL
dec atte		Canditians, if any, which	(b) fell //	meiaseue		
the rem		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	ENCE OF		
by by 1. cr		underlying, cause last				
o ro		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINIAL DISEASE OF CON	DITION GIVEN IN PART 1/2
sign sign hen j to bu	z	PART 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BOT NOT RECATED TO THE TERM	WIINAL DISEASE ON COIN	DITION GIVEN IN PART 1(0)
9 4	CERTIFICATION				Tan HUTORGY?	20b. IF YES, WERE FINDINGS USED
low low pring pring pring s ony	Q.	190 DATE OF OPERATION	2 11 1	OPERATION WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
The laction.	1	1/01 3/1/ J	MOUVE		YES NOT	YES NO
N: Th hysicio icate I ransit Hygie	Ü	210. ACCIDENT WAS UNGERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
40 4 5 5		OR CONTRIBUTING CAUSE OF DE				
	Š	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f. LOCATION		
PHY tendi	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE, 1		CITY OR TO	WN COUNTY STATE
The of the street of the stree		AT WORK AT WORK		6.0		
A Se cell		22a.1 certify that (1) (this hasp	ital) attended the deceased from	1VW 19/1	, 10 SEPT	19 79, that (I) (we) last
TEN intelligible	- 1	sow the deceased plive or	Sept 1 19/	, and that in (my) (cor) apiniar	death accurred on the d	ote and haur and fram the causes stated
haspita IRECTOR hed for ept. of H	10	27	ett view the body after death.	DEGREE		22c. DATE SIGNED
C = 0 0 0 0		-/11-1h-	16 1-4	ATTENDING	MEDICAL _ STA	
PITAL by th ERAL Store Store		Xewym	firelear	PHYSICIAN PHYSICIAN	DIRECTOR   PHYSIC	CIAN   XLJS/N /7
NER DE STORY		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	HUror	957
O HOSP etained to FUNE should be with the S		Lewis M.	Durdelle	( dwith	idne 1	21617
TO HOSPI) TO FUNES should be with the Si	72- 5		Trib DATE # T22.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7
		URIAL CREMATION, REMOVAL	0/11/29	THE OF CEMETERY OR CREMATORY	ALTY-OR TOWN	SE COUNTY SING
BP		BUKIAL	716/11	WHU6/1	SIMBRI	DEE TOF, NIF
DHMH - 16 50M 7/77	24 FL	MERAL DIRECTOR	JA STECL	AIR F. HOMITON	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
(VR A 15 (4))	1	Teduck C	DAGIOAMI	BRINGE HAN	EB 1 7 1979	propay/Helresdy
	1	1	71.10	3		/ /
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENB MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME 20. DATE KNOWN OF ESTI-DEATH MATED First 40 (Type or Print) P.M.3 HAROLD H. HILDUM Pages S. DATE OF BIRTH Feb. 13,1909 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD Doy male cau. Feb. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Penn. U.S.A. Dorchester WIDOWED | DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of Dorchester Gen. Hosp Cambridge 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Dorchester Church odmission) STATE Creek NO W 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Lost Not Known pending Not Known pages ADDRESS 21622 Medical 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) 266-09-8092 Mrs. Sylvia Hildum, Church Creek, Md. event necessary, please execute the certificate, writing the word directar. Page 4 should be farworded to the Chief M 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY Few Min IMMEDIATE CAUSE (o) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). remaval, DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0 crematian, 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. shavid CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE I director. 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry 7 and in my apinian death resulted fram: Natural causes K. Accident Suicide Hamicide Undetermined manner be retained DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL Mental 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2, and 3 ta Page 5 may t TO FUNERAL Health and Me John Mace Jr. ADDRESS(Street, city, town, or county) Cambridge, 23o. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Delmarva Crematory cremation Curran Funeral Home, 308 High St. 24. FUNERAL DIRECTOR (VR A15ME (5)) DATE

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retained by the hospital or attending physician.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTIF	ICATE OF DE	ATH	R	EG. NO.				
	CEASED NAME	FIRST	٨	AIDDLE	ι	AST		26. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOL	JR
(IIIFE	ORPRINT) How	19an	e u	. C.	9	ones!			9	17	79	93	AM
3. SE	X		RACE		5. DATE			6. AGE (IN YEARS	AST BIRTHDAY)		DER 1 YEAR	IF UNDER	
-	male	3 11	un	hite	MONTH 3	DAY	YEAR 93	86	YR	MONTH	1S DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FO	DREIGN 7		WHAT COUNTRY?	8.	- [] NEVER W	100ED [	9 BALTIMORE			EATH		
	OUNTRY)	n al	715.	A.	WIDOWE	D NEVER MA	DRCED	Doro	heste	en			MD.
10. CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSI	NG HOME C			120 USUAL OCC			b. KIND O	F BUSIN	
CF	Imbridge	0	Came	HEACILITY, GIVE STREET	Vous	al No	. For.	CTYPE OF WORK FOR	most of working	G LIFE) I IN	DUSTRY	mi	ng
	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDÊNCE BEFOI		113d. INSIDE CIT	Y LIMITS?	130 STREET ADD	RESS				0
8	nd.	Done	hester	Church	Creek	YES I	40 🗌	13046S	Chur	ch (	cree	k Mo	1
14. FA	THER'S NAME	AA	IDDLE	LAST		15. MOTHER'S			DDLE		1.45	T	
8	duno		B.	Jone	رد	marg	paret	Ellen	R	cle	arc	cso	w
	VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMAN	T		ADDRESS				
(	NO OR UNKNOWN	(IF TES, GIVE	WAR OR DATES	220-01-	9999	Mrs.L	eonar	d Simmo	ns,Ma	disc			21648
	18 CAUSE OF DEAT			line for (a), (b), ar	nd (c).1	0					BETWEEN	MATE INTE	RVAL DEATH
	PART I. DEATH W		CAUSE (a)			In	cum	oud					
	4297		DUF TO, O	R AS A CONSEOU	ENCE OF	0	/	1.1					
	Conditions, if any,		(b) The faller										
	gove rise to imm cause (a1, statin		DUE TO OF	R AS A CONSEQU	ENCE OF								
	underlying couse	last.	(c)				856						
-	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OF	CONDITION	GIVENI	PART 10	01/	
ē		uic	13.	Lynde	on	711	CV	2,	(a of	160	regi	case	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a. AUTOPSY	? JOB. IF	RTIFYING	RE FINDING CAUSES	OF DEAT	D TH?
RTIF								YES NO		YES 🗌		NO [	
	216. ACCIDENT WAS UND		HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW INJU	JRY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM	18, PART 1 (	OR PART 2		
MEDICAL	(IF EITHER, NOTIFY MEDIC		P./		19								
EDI	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY EET, FACTORY, OFFICE,	FARM FIC )	211. LOCATION	1	CIT	ORTOWN	C	OUNTY	S	TATE
2	AT WORK ON AT WO	HILE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			N.M.		-13-19			
	22a.1 certify that (1)	(this hospite	ol) ottended the	deceased from.			. 19	, to	v tall	, 19		thot (I) (	we) last
99	saw the decease above, (1) (we) (c	ed alive on_	view the bady	after death.	, at	nd that in (my) (c	our) opinian (	death occurred or	the date and	hour ond	from the	couses st	ated
	22b. SIGNATURE			45-6-		DEGREE			113 34		22c. DATE	SIGNED	
		5 (	au	uua	4 0	MO AT	TENDING YSICIAN	MEDICAL DIRECTOR []	STAFF PHYSICIAN [		7-17	7-70	9
	226. PHYSICIAN'S NA	AME (TYPE OR	PRINT)		1 1/17/	22e ADDRESS	0	01	0/		1 .		
	1	- 7	an me	74		17	1-rau	ellin &	1 (	au	lug	100,1	7d
23a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATIO	Z		9		A.75
(	Burial		Sept	.19. 79	old e	Trini	ty Ch	urchyar	d Chu	rch	Cre	ek .I	or.

BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, 29e 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows ony

24. FUNERAL DIRECTOR Funeral Home, Gambridge, Md.

Sept.19, 79 Old Trinity Churchyard, Church Creek, Do

SEP 2 0 1979

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201	e low re	permit.	r them 18 shows any in
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page should be detached for use as the busial-transit permit. Then please remove corbanappers. Pages 1 and 2 should be filled within 72 hours offer early with the State Dept. of Health and Mental Hygiene prior to burral, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	600	4	1	0	-4
DEC NO					

1	FOR STATE REGISTRAR	DEPARTM		H AND MENTAL HYG IE OF DEATH	IEND 9	22/	0 4
1. DE	CEASED NAME George	G Songe	LAST	leene	2a. DATE OF DEATH	MONTH DAY YEAR 9-6-79	26. HOUR 1155 AM
3 SE	Male	white	S DATE OF BIR	TH DAY - YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
· ·	MA.	CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED   DIVORCED	Dorche	ester	. MD.
	Cambridge		benera		School Bu	EWORKING LIEB INDUSTR	
130	AL RESIDENCE (IF NURSING HOME OR OTI STATE T36 COUNTY	13 CITY OR TOWN	YECK YES	NSIDE CITY LIMITS?	13e STREET ADDRESS Rural		
		nry Keene		AOTHER'S MAIDEN NAM	WIDDLE	Tod	AST
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES)		s.Mary Sh		bridge,Md	
	18 CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED B	5 1-2 00	1 - 1	e chanie	al Diss	S Co Co-A	OXIMATE INTERVAL N ONSET AND DEATH
	410 - Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF AC	te key	s e mobil	- Infuntion	Paulis
	gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF	7540		Si	rene 42s
NOI	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	EATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	la
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH (	DPERATION WA	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	22a.1 certify that (1) (this haspital) saw the deceased alive on obove, (1) (we) (did) (did not) v	19	ond tha	t in (my) (our) apinion o	death occurred on the do	te and hour and fram th	ne causes stoted
	22b. SIGNATURE OUT	zu.	DEGR	ATTENDING PHYSICIAN	MEDICAL STAF	F	TE SIGNED
	22 d. PHYSICIAN'S NAME (TYPE OR PR	NT)	22e	ADDRESS			. 4. 2
23a.	BURIAL, CREMATION, REMOVAL SPECIFY)  Burial		AME OF CEMET	ster Mem.	23d. LOCATION CITY OR TOWN	COUNTY	STATE
24. F	NAME Thomas Fur	neral Homes, Ca		250 DATE	REC'D. BY REGISTRAR		Repole ?

DHMH - 16 50M 1/76 (VR A 15 (4))

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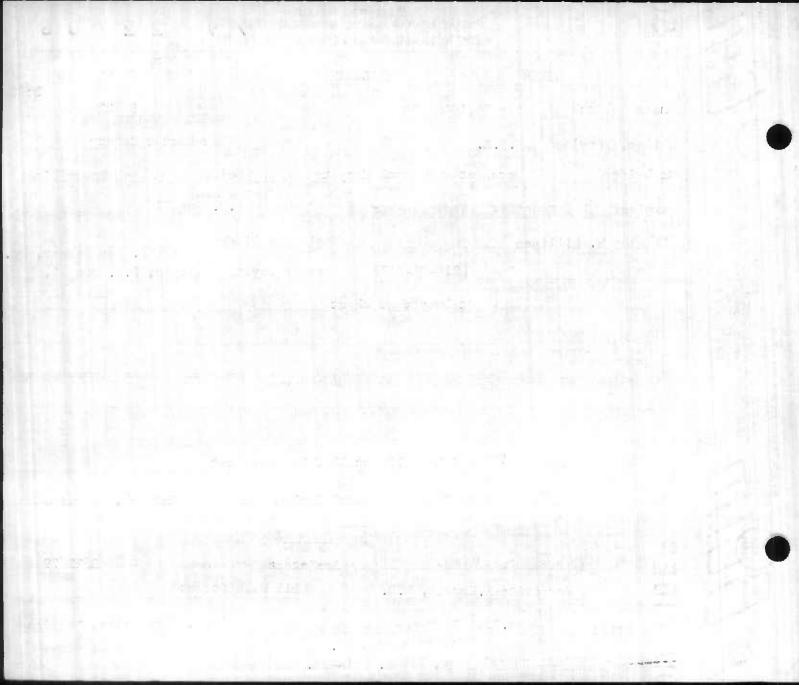
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	- 5	TATE REGISTRAR		ME	DICAL EXA	MINER'S	ERTIFIC	ATE OF D	EATH	REG.	NO.	1	0	3
1		EASED NAM	FIRST		MIDDLE		LAST		2a DAT	E KNOWN	THOM X	H DAY	YE AR	2b. HOUR
-	(TYPE	OK PRINT)	LEW	IS		MILLI	GAN			TH MATED	□ 9	22	19 79	M
	3. SEX		4. RACE	DATE OF BIRTH				UNDER 24 H			MONTI	H DAY	YEAR	243 400
	m	ale	black	July 29		9 YRS.	HS DAYS	HOURS MIN		AD	9	22	1979	ам
1	7a BIR	THPLACE (S	TATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR	ED NEVE	R MARRIED [	N 9 BAL	TIMORE CIT	Y OR COU	NTY OF	DEATH	
2	Sh	iloh,	Maryland	U.S.A.		WIDOW	/ED 🗆	DIVORCED	□ Do	rchest			_	MD.
2	10 CIT	Y OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING		ER INSTITUTIO			CUPATION WORKING (IFE)	TYPE OF WOR		IND OF BU	
9	6	mbridg		Dorche	ster Gen	eral Ho	spital		Weld	er		Po	wer I	lant
1	USUA 13a ST		(IF IN NURSING HOME OR		13c. CITY OR TO		13d. INSIDE CITY	LIMITS? 13e	STREET ADI	DRESS				
0	Ma	ryland	Dorc	hester	East Ne	w Marke	YES 🗆	NO D	P.O.	Box 7	1			
3.	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN N	AME	MIDDLE			LAST	
10	1	imothy	M. Milli	gan				Mae P	inder					
1		S. NO. OR UNKNO	DEVER IN U.S. ARM	ED FORCES? AR OR DATES)	16b. SOCIAL SE		17. INFORMA							et, Md.
		No			219-36	-6477	Dray	na Tay	lor M	illiga	n, P.			-
			F DEATH (Enter only		far (a), (b), and (	(c).)						BE	APPROXIMATI	T AND DEATH
	-	Car		CAUSE (a)	Stabwoun		est					-		
		766		DUE TO, OR	AS A CONSEOU	ENCE OF								
		gave ri	ns, if any, which se to immediate	(b)			11:							
3.0	65	cause (a lying cau	) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQU	ENCE OF								
-	234		4	( (c)										
	z	PART 2 DIHER S	IGNIFICANT CONDITIONS <u>C</u>	INTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E DR CONDITION (	SIVEN IN PART 1 to	0%					
-	CERTIFICATION	19n DATE OF	OPERATION	TISK CONDI	TION FOR WHICH	H OPERATION W	/AS PERFORM	FD?				20	AUTOPSY'	>
1	FICA			178 60.101	nort on time								YES 🛣	
5	ERTI	21a EXTERNA	AL CAUSE WAS	21b. TIME OI	FINJURY	21c. H	OW INJURY C	CCURRED (E)	NTER NATURE O	OF INJURY IN ITEM	A 18 PART 1 OF	PART 2)	TES LA	NO
5		UNDERLYING			4. MONTH DAY	YEAR	abbed b							
	MEDICAL	21d INTURY	NG CAUSE OF DI		OF INJURY (ATH	17	CATION	y assa	LIANC					
	ME	WHILE	NOT WHILE AT WORK		TORY, FARM, ETC.)		STREET	1 -		R TOWN		COUNTY		STATE
		70.00			an Inn		arl Har				rlock			10
			fy that I taak charge					Inspection L			and in my	apinian		
74		death result	ed tram: Natura	causes ,	Accident	Suicide L	Hamicio		Indetermined	manner L	_1,			
		ACTUAL	Unrete	, A . 40	hull		TITLE (SPI		HEDICAL EX	/ 4 44 IS 15 D	DA	TE C	/22/7	70
-		SIGNATURE	900	13		/N	WASSIS	Laut	MEDICALEZ	AMINER	SIG	NEU	1 22/	
4	ped	EXAMINER'S		arita A.I	Korell,	M.D.	ADDRESS	111 Pe	nn St	reet				
	23a.BL	JRIAL, CREMA	TION, REMOVAL 23			OF CEMETERY C		Y 23	3d. LOCATIO	N	-	OUNTY	· ·	TATE
	(5)	Bur	ial	Sept.25,	1979 Pet	ersburg	Cemete	rv	Hurlo	ck, Do	rches		Mary	land
1	24. FL	NERAL DIREC	TOR		Federal			o. DATE REC'I	D. BY REGIS		EGISTBAR'	SSIGNA		
	Fr		-Hawkins					OC.	T01	1978	pering	ray !	7.40%	7_



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APORTANT:

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USUAL RESIDENCE

4 FATHER'S NAME

FIRST

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (o), stoting the

PART 2. OTHER SIGNIFICANT

71n. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE AT WORK

90. DATE OF OPERATION

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Buria

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160 WAS DECEASED EVEN

underlying

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

REGISTRAR			REG. NO.				
DECEASED NAME FIRST	ST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	JR
(DER	tiE S.	Phillips	9	20	79	6	10
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
7	W	MONTH 2-84	94	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	9 BALTIMORE CITY OR COU	NTY OF DE	ATH		
COUNTRY) MA,	USA	MARRIED LI NEVER MARRIED L	DORCHEST	ER			М

WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

> LIF NURSING HOME OR OTHER INSTITUTION 13b COUNTY

> > MIDDLE

IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE to

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)

13d. INSIDE CITY LIMITS?

13e. STREET ADDRESS

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

ADDRESS

YES NO 15. MOTHER'S MAIDEN NAME FIRST EllEN

17 INFORMANT

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

INDUSTRY

Miverview,

DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

DUE TO, OR AS A CONSEQUENCE OF

allender 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YES [

20a AUTOPSY?

NO

211 LOCATION STREET CITY OR TOWN

COUNTY STATE

NO [

22a.1 certify that (I) (this hospital) attended the d	eceosed from		, to	, 19, that (I) (we) loss
sow the deceased alive on above, (I) (we) (did) (did not) view the body after	er death.	, and that in (my) (our) opin	nion death occurred on the	e date and hour and from the couses stated
22b. SIGNATURE		DEGREE		77c. DATE SIGNED

DEGREE M anman

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

71h TIME OF INJURY

P.M

71e. PLACE OF INJURY

HOUR A.M.

ATTENDING MEDICAL STATE
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED 20-79

22d. PHYSICIAN'S NAME (TYPE OR PRINT) anman

Cambridge, Md.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION Mardela Cemeterv

LOUNTY STATE Mardella, Wicomico, Maryland

24 FUNERAL DIRECTOR FUMERAL HOME, Salisbury. Md.

23b. DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC'D.

DHMH - 16 60M 7/73 (VR A 15 (4))

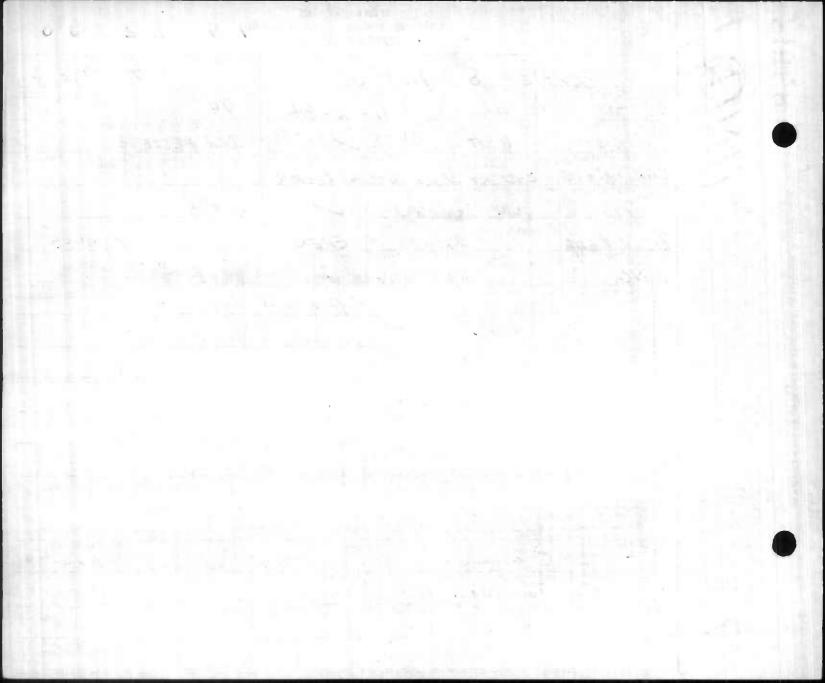
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Item 18 9

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marked

A		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 9 2 2
	0	1. DECEASED NAME FIRST (TYPE OR PRINT) Adam	A. Powell	LAST	September 1, 1979
	(M)	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR December 9, 1898	6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONT
	leath.	TO BIRTHPLACE STATE OF FOREIGN COUNTRY)  Snow Hill, Md.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF Dorchester
01	by the fulled with	IN CITY OR TOWN OF DEATH Hurlock	11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE Taylor Avenue	NG HOME OR OTHER INSTITUTION TADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Trackman & forema
ND 212	filled in nauld be	WISUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COL Maryland Dorc		VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Taylor Avenue
MARYLA	ampletely and 2 st	14. FATHER'S NAME FIRST George E. Pow	MIDDLE LAST	15 MOTHER'S MAIDEN NAME FIRST Katie E. Hes	MIDDLE

2b. HOUR DER 1 YEAR IF UNDER 24 HRS MIN DEATH MD 26. KIND OF BUSINESS OR NDUSTRY n Penn. RR. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13s. STATE 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Hurlock Taylor Avenue Maryland Dorchester YES X NO F 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST Powel1 George E. Katie E. Hesseni ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Maryland 21643 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Lula Powell, Rt. 1, Box 15, Hurlock 717-07-9676 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL TWEEN ONSET AND DEATH ronchohneumonia IMMEDIATE CAUSE OR AS A CONSEQUENCE OF, achexi Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, ORDS A CONSEQUENCE OF SON'S dizease underlying couse last. part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 1(0 NO CERTIFICAT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO [ 21s. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK Junes 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive on Jah Emura and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

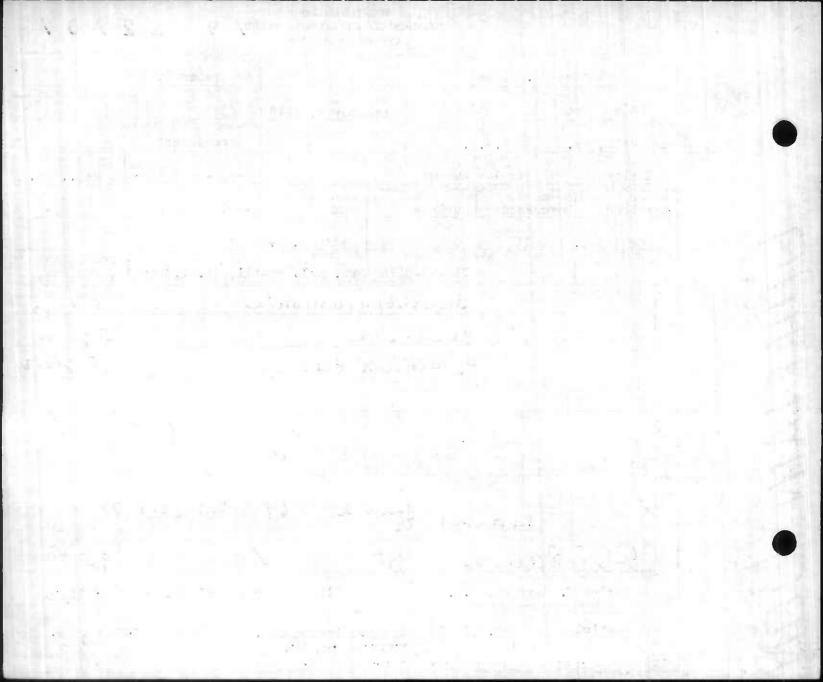
COUNTY

Dorchester.

STATE

2 O O be detached for State Dept. c If Item MPORTANT: shauld be Carlos F. Barroso, M.D. Collins Avenue, Hurlock, Maryland 21643 236 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE (SPECIFY) Burial Unity Washington Cem Hurlock, 24 FUNERAL DIRECTOR ADDRESS Federalsburg, MOO. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Framptom-Hawkins Funeral Home, 216 N. Main St.

BP. DHMH - 16 60M 7/73 (VR A 15 (4))



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1		5		
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executed within 24 hours ofter

OR ATTENDING PHYSICIAN. The law requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN; The Iretained by the haspital or ottending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9

22708

1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	HEALTH AND A			2	2 /	0 8	3
1 DE	CE ASED NAME	FIRST		MIDDLE		LAST		REG. NO		DAY YEAR	2b. HOL	ID
	OR PRINT)	-	Ger	F.	S	CO II		IV. DAIL OF BLAIN	^	11-79	75	5p "
3. SE.	X		4 RACE	710-7	5. DATE (			6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR		
	MALO		10	OG	MONT	H DAY	YEAR	70	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE STATE OR	FOREIGN		F WHAT COUN	ITRY? 8			9 BALTIMORE CITY O		Y OF DEATH		
	OUNTRY]		US	A	WIDOW	D NEVER M	ORCED	Dor. C	10 V r	V V		MD
-	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, N	URSING HOME			120. USUAL OCCUPATI	ON	12b. KIND	OF BUSIN	
0	E'adma		Dor.	Gene	RAL	MOSP		TYPE OF WORK FOR MOST OF ATMET	F WORKING LI		ming	5
13a S	AL RESIDENCE (IF NU	RSING HOME OF	OTHER INSTITUTIO	13c. CITY OR		1 13d. INSIDE CI	TY LIMITS?	13e. STREET ADDRESS				
_	nd.	100	R	Nu	RIOCK	YES 🗌	NO []	Rtil	Y OE	5 B		
14. FA	ATHER'S NAME		MIDDLE	{AS	T		MAIDEN NAM	MIOOEE			AST	
	w; 1	1		Sco	TT		EDi +1		m'	les	.31	
	VAS DECEASED EVE		MED FORCES?		SECURITY NO.	17 INFORMAL	VĪ	ADDRE				
	No	(# 123, 017	T WAN ON DAILS)	215-3	36-2267	Doris	B. S	co t , Hur	lock	, Mar	rylai	nd
	18 CAUSE OF DEA	TH (Enter or	nly one couse pe	er line for (o), (l	b), and ic.					APPRO: BETWEEN	XIMATE INTE	RVAL D DEATH
150	PART I. DEATH		Ď BY: TE CAUSE (©)	META	STATE	- CAR	CALAM	A OF LU	1NG-		7/5	
	1639	IMMEDIA									7	
0.0	Conditions, if an	which	DUE 10, 0	OR AS A CONS	CINOM	ADE	LUN	C-		DA	715	
10	gove rise to in	nmediate	(b)_			11 01			100		1-3	
	couse (a), state		DUE TO, O	OR AS A CONS	SEQUENCE OF							
	DART 2 OTHER SIC	SHIELD ANT A	(c)	CONTRIBUTION	C TO DEATH BUT	NOT BELATED	TO THE TERM	NAL DISEASE OR CON	DITION CO	VENUENDADT 1	/>	
Z	TAKT 2. OTTEK SIC	REA			CARCIA			MAC DISEASE OR COM	JIIION GI	AEIA IIA LAKI II	101	
CERTIFICATION	190 DATE OF OPER	ATION	11		HICH OPERATIO			200 AUTOPSY?	20b. IF YE	S, WERE FIND!	NGS USE	D
FF								YES TI NOT		FYING CAUSE!	S OF DEAT	
ERT	21a. ACCIDENT WAS UI	NDERLYING F	7 21b. TIME	OF INJURY		21c HOW IN	URY OCCURR	ED (ENTER NATURE OF INJUR			NOL	
	OR CONTRIBUTING				DAY YEAR							
MEDICAL	(IF EITHER, NOTIFY MEDI			P.M. E OF INJURY	19	211 LOCATIO	7					
ME	WHILE NOT		(AT HOME, S	TREET, FACTORY, O	FFICE, FARM, ETC.]	STREET		CITY OR TOW	/N	COUNTY	SI	TATE
	22a.l certify that		tel) attended 1	the deceased f	rom 91	4	10 19	10 9/11		10 77	that (I) (	week last
	saw the deceo		64 6 4 4		1231	nd that in (my) (	our opinion d	eoth occurred on the do	te and hou	or and from the	4.1.4	
(	22b. SIONATURE	(did) (die no	t) view the bod	y atter death		DEGREE				22c DATE	SIGNED	
1	1200	alt	SV	soal o	e ent	A	TTENDING HYSICIAN	MEDICAL STAF		91	11/2	a
	22d. PHYSICIAN'S N	100	R PRINT!	rune	2 000 1	22e ADDRESS		DIRECTOR   PHYSIC	IAN []	1//		/
		,	B. Sto	eckle	M.D.			St., Camb	ride	e. Md.		
22				COLLE					0	7 1.10		
23a. E	BURIAL, CREMATION	_	23b. DATE	-70		EMETERY OR C		23d. LOCATION	le D	COUNTY		ATE
28 5	Buria	1.1.	17-14	79	Inity V	vasning	_	em.Hurloc		-	/ld •	
Z4 F	Zefler F	hinan	al Hom	ie, Ea	ss + Now	Mkt		REC'D. BY REGISTRAR	ZSB. REGIS	RAR'S SIGNA	Change	de
	TOTAL I	ULLEL	al IIVII	IC . La	St New	IVIN CO.	IVILL ICT	- D 1 0 14/4 1	- August	1200	4	

New Mkt.,

Funeral Home, East

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DEFINERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral hands be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 in the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

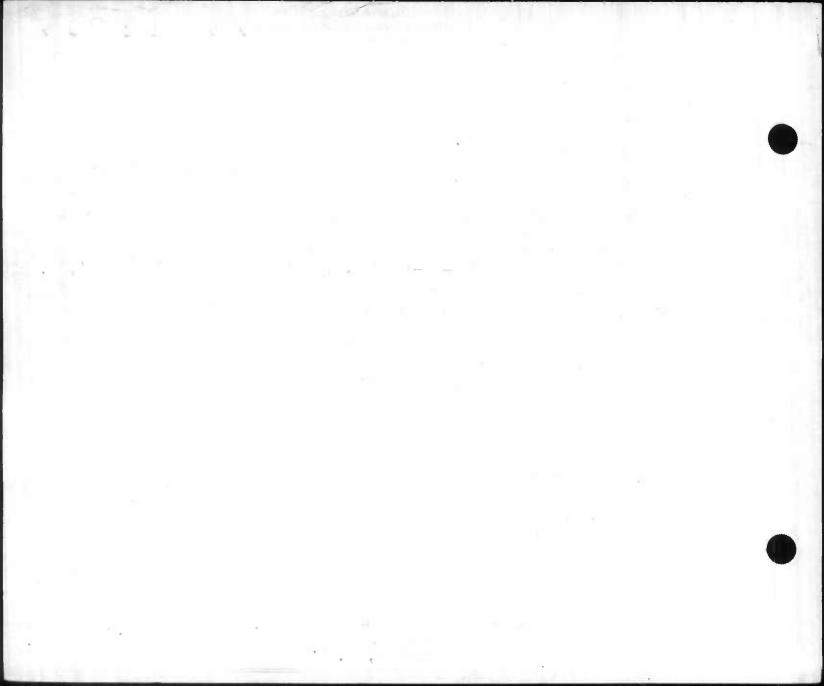
injury, or other troumotic event, the medical

In 11 State Dept. of Heolin are reserved or Item 18 shows ony

DHMH - 16 50M 7/77 (VR A 15 (4))

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THE WAS DECASED FOR THE WAS DECIDED TO THE FOR TOWN OF DEATH    SAME   SAME   PROST   THE CONTROL OF BRITE   SAME OF BRITE   S	1	FOR		DEPART		OF MARYLAND EALTH AND MENTAL HY	YGIENE 7	0	9	27	0 0
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THE CONTRIBUTION OF STATE OF MANAGE OF MANAGE CONTRIBUTION OF STATE OF STAT		DECEASED NAME	FIRST	MIDDLE	ı	AST	2a. DATE O			AY YEAR	2b. HOUR
DATE OF BRITH    AGE   INVERSIONS BRITCH   INVESTIGATION OF STATE   INV		YPE OR PRINT	1001	2/222/2	`^ 6				9 20	7 79	
BRITHPIACE DISTILLANDED ON OF BATH  TO CITY OR TOWN OF DEATH  THE CHINES SHAME  THE ATHER'S SHAME  THE ATHER'S SHAME  THE ATHER'S SHAME  THE ADDRESS  THE ADDRESS	2	SEX SECT	V RAC	CHAPIA	5 DATE C	F BIRTH	& AGE JINY	EARS LAST BIRT	HDAY)		IF UNDER 24
BRITHPIACE STATE OF ORDER  18 CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  18 CITY OF TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  18 CITY OF TOWN OF DEATH  19 STATE STATE  19 STATE STANLE  19 STANLE STANLE  19 STA		mala				OAY YEAR	<	CI		ONTHS DAYS	HOURS
MARRIED   NEVER MARRIED   NEVE	79		FOREIGN 75 CIT	TIZEN OF WHAT COUNTRY?	1		9 BALTIMO			OF DEATH	
THE CITY OF TOWN OF DEATH  IT CITY OF TOWN O	821	COUNTRY)	201	· c A.	MARRIE			_	_		
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SUSTAIRES DENCE (IR MAINS AND ON OTHER MINITURN) CONTROL AGAINSON 134 MODE  135 STATE  136 COUNTY  136 COUNTY  136 COUNTY  137 SATHERS NAME  137 MODE  138 SOCIAL SECURITY NO. 17 NORMANT  14 NOTES, ONO WAS GROUND REPORTED. 143 SOCIAL SECURITY NO. 17 NORMANT  15 MOTHERS MADEN NAME  16 WAS DECEASED EVER IN U.S. ARMED FORCES? 144 SOCIAL SECURITY NO. 17 NORMANT  17 NOR WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 145 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 18 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 18 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 18 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 18 NORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES PRODUCED FORCES. 18 NORMANT PRODUCED FORCES. 18 N	10		(IF	F NOT IN SUCH FACILITY, GIVE STREET	ADDRESS		(TYPE QE,WOR	K FOR MOST O		INIDITISTRY	
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14 FATHER'S NAME   15 MODIE   15 MODIE   16   15 MODIE   16   16   16   16   16   16   16   1	3 13	a. STATE	136 COUNTY								
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No was deceased ever in us. Armed Forces?   No Social Security no   17 informant   Address   218—36—346   Mr. Donald   Spedden   Cambridge   No   Address   218—36—346   Mr. Donald   Spedden   Cambridge   No   Address   No   Addre		FATHER'S NAME	MIDDLE	LAST			AME	MIDDLE		LAS	ST.
196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   286 AUTOPSY?   186 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH OR AMM. MONTH DAY YEAR   196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   286 AUTOPSY?   186 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH OR AMM. MONTH DAY YEAR   197 DEATH OF NUMBER OF N		- Duxt	CR	- 1000	-, <u> </u>		. e.	AG		12rt	0
12 CAUSE OF DEATH   Enter only one couse per line for (o), (if) and ic.   PART   DEATH WAS CAUSED BY	1 16	I WAS DECEASED EVER					had?		"Hou	te.#3	Box
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse lost.    Due to, or as a consequence of		110		210-70	-)403	MI. Donate	1 bped	uem	Cam	pr. rag	e, Mu
TO BE SET TO BE	ŏ	underlying caus	e lost	(c)							
The Date of Operation   19b Condition for which operation was performed   20b autopsy?   20b if yes, were findings used in certifying causes of death   yes   no   ye	njory.		NIFICANT CONDI	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEAS	SE OR CON	DITION GIVE	N IN PART 16	D'
ON CONTRIBUTING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AM. MONTH DAY YEAR  P.M. 19  21d FUNCE OF INJURY  AT WORK AND THE MONTH OF INJURY  AT WORK AND THE MONTH OF INJURY  AT ENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN  22d DIRECTOR PHYSICIAN  22d DIRECTOR PHYSICIAN  22d DIRECTOR DISTRICT, DOTCHE  SPECIAL CREMATION, REMOVAL PARTY  SPECIAL DIRECTOR  23d BURIAL CREMATION, REMOVAL PARTY  SPECIAL DIRECTOR  PHYSICIAN DISTRICT, DOTCHE  SPECIAL DIRECTOR  23d BURIAL CREMATION, REMOVAL PARTY  SPECIAL DIRECTOR  23d FUNCE OF INJURY  AT ENDING MEDICAL STAFF  PHYSICIAN DIRECTOR DISTRICT, DOTCHE  SPECIAL DIRECTOR  23d BURIAL CREMATION, REMOVAL PARTY  SPECIAL DIRECTOR  PHYSICIAN DISTRICT  SPECIAL DIRECTOR  23d LOCATION  SPECIAL DIRECTOR  PHYSICIAN DISTRICT  SPECIAL DIRECTOR  PHYSICIAN DISTRICT  AT ENDING AND DISTRICT  CITY OR TOWN  COUNTY STATE  CITY OR TOWN  CITY OR TOWN  COUNTY STATE  CITY OR TOWN  COUNTY STATE  COUNTY STATE  COUNTY STATE  COU	ony	19a DATE OF OPER	ATION 19	9b. CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUT	OPSY?	20h IF YES,	WERE FINDIN	GS USED
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  AT WORK  220. I certify that (I) (this hospital) attended the deceased from	smo 7	É					YES 🗌	NO			
(# EIHER, NOTHYMEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK  AT W	0	21a ACCIDENT WAS UN			AV VEAD	21c. HOW INJURY OCCU	PRED (ENTER N	ATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
216 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 INJURY OCCURRED  218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218 INJURY OCCURRED  219 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  219 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  210 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  212 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  213 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  214 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  215 INJURY (AT HOME, STREET)  216 INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 INJURY (AT HOME, STREET) (AT HOME) (AT HOME) (AT HOME, STREET) (AT HOME, STREET) (AT HOME) (A	E /	OR CONTRIBUTING	CHOSE OF DERIN								
220. I certify that (I) (this hospital) attended the deceased from	5	214 INJURY OCCUP			FARM 575 1	21f LOCATION		CITY ON TOW	/N	COUNTY	STA
sow the deceased alive an above, (1) (Ae) (did) (did not) with body offer front)  22b. SIGNATURE  22c. DATE SIGNED  22c.	3	AT WORK AT W	ORK	TOME, SINCE, FACTORI, OFFICE,	r Asm, ETC.						
sow the decessed olive on obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did) (did) (did not) with body offer from the couses stote obove, (h) (Ae) (did)		22a.1 certify that (1	(this hospital) att	tended the deceased from.			, to		1	9	that (I) (w
276. SIGNATURE  276. SIGNATURE  2776. SIGNATURE  2776. DATE SIGNED  2776. PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN	-	sow the decea	sed olive on	the had offer death	, or	d that in (my) (aur) apinio	in death occurr	ed on the do	te and hour	and from the	couses stat
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  2724 PHYSICIAN SNAME (INFORMATION, REMOVAL 23%, DATE STATE	E 9		A A	1/1/1/	200	DEGREE			V	22c DATE	SIGNED
230 BURIAL CREMATION, REMOVAL 23b. DATE 9-25-79 23c NAME OF CEMETERY OR CREMATORY SpeddenSeward Cem. Neck District, Dorche	:	h	homel	Kul	1100	ATTENDING	MEDICAL	STAF	FAN (		
236 BURIAL, CREMATION, REMOVAL 236. DATE SpeddenSeward Cem. Neck District, Dorche SpeddenSeward Cem. Neck District, Dorche 24 FUNERAL DIRECTOR SpeddenSeward SpeddenSeward Cem. Name Of Cemetery or Cremation 123d. LOCATION SpeddenSeward Cem. Neck District, Dorche 124 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1250 NAME		22d. PHYSICIAN 5 N	AME (THE OFFINE)	- 1		A			7		
236 BURIAL, CREMATION, REMOVAL 236. DATE SpeddenSeward Cem. Neck District, Dorche SpeddenSeward Cem. Neck District, Dorche 24 FUNERAL DIRECTOR SpeddenSeward SpeddenSeward Cem. Name Of Cemetery or Cremation 123d. LOCATION SpeddenSeward Cem. Neck District, Dorche 124 FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1250 NAME		U		0							
SpeddenSeward Cem. Neck District, Dorche Paris Joseph SpeddenSeward Cem. Neck District, Dorche Paris Funeral Director Joseph St. 250 Date REC'D. By REGISTRAR'S SIGNATURE NAME	2.	A RUPIAL CREMATION	DEMOVAL Took	DATE 122.	NAME OF C	EMETERY OR CREAT ATOM	224 100	ATION			
24 FUNERAL DIRECTOR  AGORESS 308 High St. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE IN NAME	13		al 9-	25-79 S	pedde	enSeward C	em. Ne	CK D	istri	OUNTY DO	rche
OM C. NAME TO THE PROPERTY OF	2/					125- 0				•	2
			neral Ho	e Cambi	·idge	Md. St.	SEP 2.8	1979	fing	try see	Cred



BP. **DHMH - 17** (VR A15 ME (5))

15M 7/76

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	7	0

1	1-3	FOR STATE REGISTRAR		ME	DEPARTMENT OF	HEALTH AI		OF DEAT	H REG.	0	7 1	0
		CEASED NAM OR PRINT)	E FIRST  Joh	n	Thorpe	Sta	ylor II		OF ESTI- DEATH MATED	MONTH 9		79 26 HOUR
	7a B#	Ale RTHPLACE (5 REIGN COUNTRY)	White		6. AGE (IN Y LAST BIRTHI 1, 1959 20) HAT COUNTRY?	MARRIED	DAYS HOURS	RIED X 9	DATE RONOUNCED DE AD BALTIMORE CITY	_	9 19	79 6:00° a. <sub>M</sub>
3	Car	Marylar Y OR TOWN mbridge	e	11. NAME OF HO	S.A. SPITAL, NURSING HOM ACHITY GIVE STREET ADDRESS) ASTER Gener	al Hsp.	NSTITUTION	12a USUA FOR MC	Dorcheste LL OCCUPATION (T DOST OF WORKING LIFE) DOSE		12b. KIND C OR IND	DF BUSINESS DUSTRY ing Co.
5	13a ST Maj		Balt	imore MIDDLE	Towson	13d Y	INSIDE CITY LIMITS?  YES NO X  MOTHER'S MAIE  FIRST	100	T ADDRESS  O7 Timber  MIDDLE		Road	
2	16a. W.	S, NO, OR UNKNO	D EVER IN U.S. ARI	WAR OR DATES}	16b. SOCIAL SECURI 213-52-10- e for (a), (b), and (c).)		INFORMANT		ADDRE	SS	as #1	
	NO	Condition gave r cause (a lying car	ins, if any, which ise to immediate ) stating the <u>under-</u> use last.	TE CAUSE (a) MI  DUE TO, OF  (b) DUE TO, OF	ALL TO THE TERM OF	OF OF	CONDITION GIVEN IN P	PART 1 a				
1	FIFICATION	19a. DATE O	FOPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS	PERFORMED?				2D AUTO	
3	MEDICAL CERTIFICATION	UNDERLY INC CONTRIBUT 21d. INJURY	ING CAUSE OF	21e. PLACE	M. MONTH DAY YEARM 9/9/19/7	A D	er in mu		e automob	ile co	llisi	on state
59		AT WORK	ify that I toak chargeted from: Natu		escribed abave, held an	Autapsy Suicide		Undeter		and in my op ],		
2		EXAMINER'S	INT) HORM	EZ R. GUZ	ARD, M.D.		DRESS		Street,	Balto	,MD	21201
	24. FL	Bu  JNERAL DIRE		Sept. 12,	23c NAME OF CI 1979 Oak: 55 1050 Yourson,	lawn Co	meter YDATE	Bal	ration timore, registrar 25b. Re	STRAR'S S	wiland	

the same and a name of the  requires that the death

attending physician.

ATTENDING

TO HOSPITAL OR ATTENI

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	9	ecte ts a

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	2	2	-/-		
	60	-	,	- 4	
050	110				

	1. DE	CEASED NAME FIRST	WIDDLE	1	AST	2a. DATE OF DEATH MONT	H DAY YEAR	2b. HOU
		NINA NINA	٤	11	RUIH	9	00 79	120
	3. SE		4. RACE White	5. DATE C	t.8 A 1904	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
24	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U.S.	MARRIE		Dorchester	OUNTY OF DEATH	Marie 1
63		Cambridge	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Dorchester G	enl. H	or other institution  Iospital	TYPE OF WORK FOR MOST OF WOR HOMEMAKET		OF BUSINES
d Seminar	130.5	Md. Isb coul		WN	13d INSIDE CITY LIMITS? YES NO E		.16	
9		ATHER'S NAME FIRST Travers	S. Thompso		15. MOTHER'S MAIDEN NAME EL TENTE	eth	Jo	fi'es
e medico		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 217–12		A Mrs.Flor	rence T.Bram		lford
FOOT		Conditions, if any, which	DUE TO, OR AS A CONSEQU				1 12 1/4	
njury, or other	NO	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	ON GIVEN IN PART	l (a)
Sows any injury, or other	TIFICATION	cause (a), stating the underlying cause last.	(c)	DEATH BUT		20a. AUTOPSY? 20b.	ON GIVEN IN PART  IF YES, WERE FIND  CERTIFYING CAUSI  YES	INGS USED
Item 18 shows any injury, or other	ICAL CERTIFICATION	couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH [ P.M.	DEATH BUT	N WAS PERFORMED  21c. HOW INJURY OCCUR!	200. AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSI YES []	INGS USED
arked or Item 18 shows any injury, or other	MEDICAL CERTIFICATION	Couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IFEITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	D DEATH BUT H OPERATIO DAY YEAR 19	n was performed	200. AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSI YES []	INGS USED
Item 21 is marked or Item 18 shows any injury, or other i		couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER LATWORK NOT WHILE ATWORK ATWORK ATWORK Saw the deceased alive or saw the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH [ P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DOPERATION OF THE PROPERTY OF	21r. HOW INJURY OCCUR!  21r. LOCATION STREET  19  19  19  19  19  19  19  19  19  1	200. AUTOPSY? YES NOTE:	IF YES, WERE FIND CERTIFYING CAUSI YES  EM 18, PART 1 OR PART 2)  COUNTY  19  nd hour and from th	STA
MPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other in		COUSE (01, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (1F EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK AT WORK (1) (by this hosp saw the deceased alive or obove, (1) (we) (did) (did wood of the county of the coun	21b. TIME OF INJURY HOUR A.M. MONTH I P.M.  21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, OFFICE ital) attended the deceased from 19 210 view the body after death.	DOPERATION OF THE PROPERTY OF	21r. HOW INJURY OCCUR!  21f LOCATION STREET  19  19  19  19  19  19  10  10  10  10	200. AUTOPSY? 200. YES NOTE: N	LIFYES, WERE FIND CERTIFYING CAUSI YES  EM 18, PART 1 OR PART 2)  COUNTY  19 22c. DA1	STA

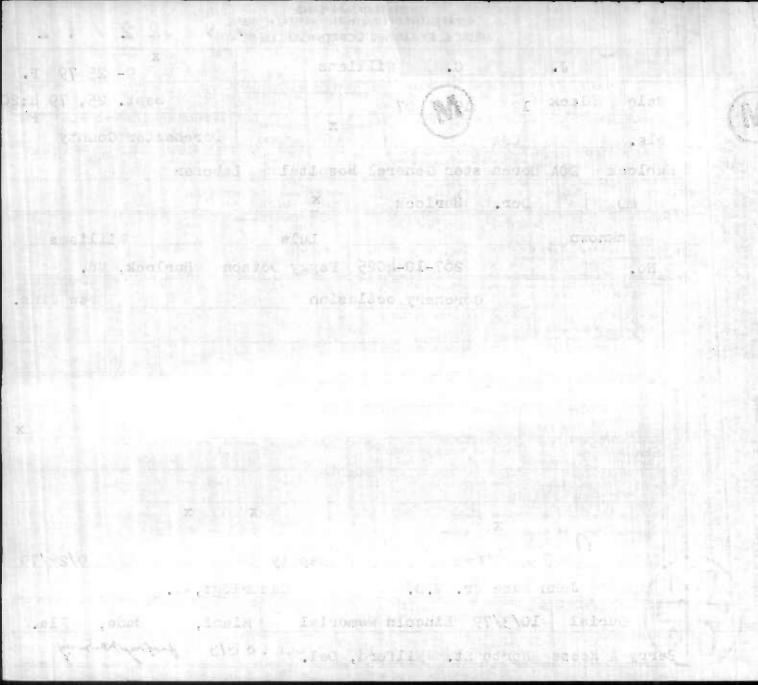
BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TAPACEON A 198 CHEST TOTAL TOTAL and the state of t THE PARTY OF THE PROPERTY OF THE PARTY OF TH re-Aven, allenta. L'appearst . par a ren -- El-Tac

ent annua, a denta de la companio del companio de la companio del companio de la companio del companio della co

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH FAW DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEM 18 GIVE PAGES TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT PAGES 1 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT PAGES 1 SHOULD BE USED AS A BURIAL-TRANSIT PAGES TO A PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PAGES.
F M G F A

1	1-	FOR STATE REGISTRAR		WE		NT OF HEALT	MARYLAND 'H AND MENTAL CERTIFICATE	/ 4	REG. NO	2	11	2
<b>克尔</b> 农居里	(TYP	CEASED NAME OR PRINT)	J.		C.	Will	iams	OF	E KNOWN X		25 1979	2b. HOUR
A SECTION AND A		Male	Black	5. DATE OF BIRTH MONTH DAY 12	(dia)	AGE (IN YEARS IF L AST BIRTHDAY) MOR		DE	Se Se	pt.	25 <sub>19</sub> 79	///
48	FO	RTHPLACE (S REIGN COUNTRY) Fla. TY OR TOWN		USA	0	WIDO	RIED NEVER MAI	RCED DC	rchest	er C	county	PIM MD.
DELAY B 3 TO THE IN MACE 10 SE FIELD	H	urlock	DOA	(IF NOT IN SUCH F	acility, give street	eneral	Hospital	FOR MOST OF V	VORKING LIFE)	OF WORK	OR INDUST	IRY
ASSESSED SE	13a. S		13b. COUN		Hurl or	ock	13d. INSIDE CITY LIMITS: YES NO [		DRESS			
A OF VIEW	16a. V	Uni VAS DECEASE	MOWN DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	FIRST LULA	DEN NAME	ADDRESS	Wi	last lllam	3
AS AFTE GIVE P WITH FO PAGES DIVISION	(YI	NO.		WAR OR DATES)  ly one couse per lin		10-4025	Peggy	Dotson	Hurlo	ck,	Md.	TE INTERVAL
BE EXECUTED WITHIN 24 HOL VDING" IN PENCIL IN ITEM 18 MEDICAL EXAMINER ALONG AS A BURIAL-TRANSIT PERMIT ITH AND MENTAL HYGIENE, MATION, OR REMOVAL.	NOI	Condition gove riscouse (o) lying cou	ATH WAS CAUSE IMMEDIA as, if ony, which es to immediate stating the <u>under-</u> se lost.	D BY:  TE CAUSE (o)  DUE TO, OI  (b)  DUE TO, OI  (c)	OPONAL RAS A CONSEC RAS A CONSEC	CY OCCL	usion	PART 1  a			BETWEEN ONSE	
SHOULD SHOULD SHOULD CHIEF A CHIEF A OF HE AAI, CRE.	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	WAS PERFORMED?	3.3.9		413	20. AUTOPSY	? NO [X
TIFICATE STHE WO TO THE HOULD BE ARTMENT R TO BUR!	MEDICAL CER	UNDERLYING CONTRIBUTII	NG CAUSE OF	DEATH P.A	M. MONTH DA M.	AY YEAR	HOW INJURY OCCUR	RED LENTER NATURE OF	INJURY IN ITEM 18 P.	ART 1 OR PART	1	
WRITING WARDED T WARDED T AGE 3 SHC IATE DEPAI	MED	21d. INJURY C	NOT WHILE C	STREET EAG	OF INJURY (A	AT HOME, 21f. L	OCATION STREET	CITY OR	TOWN	COUN	YIY	STATE
MEDICAL EXAMINER: 1 COUTE THE CERTIFICATE, SE 4 SHOULD BE FOR FORE FUNERAL DIRECTOR: PER DEATH, WITH THE SI TIMORE, MARYLAND, 21		22a. I certii deoth resulta ACTUAL SIGNATURE EXAMINES (TYPE OR PRII	ed from: Notus	e of the remoins de vol couses [X],  Mace	Accident	, Suicide	Homicide TITLE (SPECIFY) M.D. Deput	. Undetermined	monner ,	DATE SIGNED	0/09	<u>8/79</u>
TO ME EXECUTION AND A PATER A PATER BALTING BA	( S	JRIAL, CREMA	rial 2		Z3c. NAM	coln Me	OR CREMATORY	23d. LOCATION CITY OR TOWN	4	Dade	F.	la.
DHMH - 17 (VR A15 ME (5)) 15M 7/77	200	NERAL DIRECT NAME		North	st.	Wilford		E REC'D. BY REGIST 4 6 1979	RAR 25h Beg 15	TRAP'S SK	BNATURE	



executed within 24 hours ofter

TO HOSFITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be entitled by the hospital or offending physicion.

	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / 9 2	2/13
	DECEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
I.	Amy	Virginia	Windsor	September	13,1979 6:50
3.	Female	Caucasian	Feb. 10, 1896	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MI
35	BIRTHPLACE (STATE ORFOREIGN COUNTRY) THAT Y L AND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WINDOWED DIVORCED	Dorchester	TY OF DEATH
3	Cambridge	11. NAME OF HOSPITAL, NURSIN DONCHES TEN		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING POSTAL CLEY	(IFE) 12b. KIND OF BUSINESS INDUSTRY Retired
27	Maryland Dor	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR JOW! Chester Hill	YES B- NO -	South Main	St.
90	4. FATHER'S NAME John	Windsor Windsor	15. MOTHER'S MAIDEN N. FIRST Blanche	WIODIE	Harper
1 16	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 213-01-5		ndsor, P.O.Bo	x 205Hurlock
	PART OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	Stepasis	DEATH BUT NOT RELATED TO THE TER/	20a AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
13	OR CONTRIBUTING TO CAUSE OF OF		Y YEAR		YES NO
	OF CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hosp	ital) attended the deceased from	and that in (my) (our) opinion	deoth occurred on the date and h	our and fram the couses stated
	22b. SIG 1410	lelles	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	913 7 O
1	22d. PHYSICIAN'S NAME CATE	wilke	222 ADDRESS	reylord AVE	21613
23	30. BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL)	23b. DATE 9/16/79 Un	lame of cemetery or crematory city Washington	23 LOCATION CHYORTOWN Cem. Hurlock I	COUNTY WIG.
	4 FUNERAL DIRECTOR		25a D	JE REC'D. BY REGISTRAR 25b. REGI	

DHMH - 16 25M (VR A 15 (4) ) 9/74

BP\_

